

REQUEST FOR RELEASE FROM EYNESBURY INTERNATIONAL

Please refer to the Eynesbury International Transfer of Provider Policy available from <http://www.eynesbury.sa.edu.au/international>

Student ID Number: _____ Date of Birth _____

Family Name: _____

Given Names: _____

E-mail Address: _____

Are you on a Student Visa? Yes No

Current Program: _____ Commencement Date: _____

Packaged offer? Yes No University (or other institution): _____

Offer from provider attached? Yes Supporting documents attached? Yes No
(where applicable)

CURRENT CONTACT DETAILS

Mailing Address: _____

_____ Postcode: _____

Telephone Number: _____

Mobile Phone Number: _____

REQUESTING RELEASE

Request for release to: _____

Grounds for request (in accordance with clause 4.3 of the Eynesbury International Transfer of Provider Policy):

Signature: _____ Date: _____

OFFICE USE ONLY

Release supported? Yes No

Letter to student date: _____

Admissions actioned date: _____

Student has provided supporting documentation

Update MAZE

Notes: _____

Approved by:

_____ Date: _____